

Application for a Child or Young Person to Receive Travel Assistance

Please read Enfield's Travel Assistance Policy to ensure you, your child or young person are eligible before completing this form (a copy is available on Enfield's website at <https://new.enfield.gov.uk/services/children-and-education/local-offer/education/travel-assistance/local-offer-information-travel-assistance-policy-2016.pdf>)

1: Details of the child or young person			
Surname		First name	
Date of birth		Gender	
Home or Main Address			
Postcode			
Home phone		Mobile	
Email address			

2: Why are you applying for Travel Assistance?					
Travel assistance is only provided for eligible children and young people, as set out in Enfield's Travel Assistance Policy. Please tell us why you are applying at this time. Please tick ALL that apply.					
Starting primary school or starting in Year 7					
Change of educational establishment					
Change of address					
Starting further education					
Have a disability or medical diagnosis					
Please indicate why you believe you, your child or young person is eligible.					
Special Educational Needs or Disability	Distance to school	Need to be accompanied	Medical condition	Low income household	Religious education
Additional factors: Please give any other relevant information to support your application					

3: Parent or Carer's details					
Title	Click here to enter text.	Relationship to child or young person		Parental responsibility	Yes No
Surname		First name			
Home or Main Address (if different to above)					
Postcode					
Home phone			Mobile		
Email address					

Details of other Parents or Carers					
Title		Relationship to child or young person	Click here to enter text.	Parental responsibility	Yes No
Surname			First name		
Home or Main Address (if different to above)					
Postcode					
Home phone			Mobile		
Email address					

4 : Current travel arrangements	
How does your child travel to school now?	Click here to enter text.

5: Details of School or other educational setting e.g. college for which you are requesting travel assistance			
School/Setting Name	Click here to enter text.		
Address	Click here to enter text.		
Postcode			
Current year group as at 1 Sept 2016		Proposed start date	
If you aged 16 or over and are attending college or an educational setting other than a school please provide the following further information			
Full title of course	Click here to enter text.		
Main subject(s) to be studied	Click here to enter text.		
Date you started or are due to start		Expected completion date	
Length of course in total (years)	Click here to enter text.	Full time / Part time	
Travel Timetable			
	What time do you need to arrive at school/college		What time do you need to be collected from school/college
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
If travel is NOT on a daily basis each week please tell us about your travel:			
Weekly	Yes	No	Fortnightly
Beginning and end of half term	Yes	No	Beginning and end of term
Other – please give details			
Click here to enter text.			

Please complete all the sections below which are relevant to your application

6: Education History

Please provide details of your previous or most recent school/educational establishment

Name of school / establishment [Click here to enter text.](#)

Date placement ended

Eligibility based on SEND**7: Statement of Special Educational Needs or Education Health and Care Plan**

Do you/does your child/young person have a statement/ EHCP

Yes No

If Yes which local authority maintains it?

[Click here to enter text.](#)**Eligibility based on Low Income**

Please indicate which of the qualifying benefits you, your family, the child or young person receives. You will be asked to send proof of this.

Working Tax Credit

Yes No

Free School Meals

Yes No

Eligibility based on Medical or Physical needs or accompaniment**8: Other Medical or Physical needs**

Do you, your child or young person have any other medical needs which are relevant to this application? Please give details.

[Click here to enter text.](#)

Are these medical needs temporary?

Yes No

If Yes when are they expected to end?

9: Please tell us about travelling to school or another educational establishment

Is there a reason why you, the child or young person cannot walk on their own? If so please tell us why this is?

Is there a reason why you, the child or young person cannot walk accompanied by a responsible adult? If so please tell us why?

Is there a reason why you, the child/young person cannot travel by public transport on their own? If so please tell us why this is?

[Click here to enter text.](#)

Could you, the child/young person travel by public transport accompanied by a responsible adult? Please tell us why this might not be possible?

Are you/is the child or young person a wheelchair user?

Yes No

Electric		Manual	
Do you/does the child or young person require any other equipment or medication to enable safe travel? If so please give us details.			
Click here to enter text.			

Other Factors Relevant to the Application

9: Other children in the household			
Name	Age	School	Has a disability?
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No

10: Our communication with you				
How would you prefer us to communicate with you? Please indicate.	Email		Phone	Written / post
	Yes	No	Yes No	Yes No
Please give details if this is different to the information you included in Sections 1 or 3				

11: Declaration	
By signing this form below you are giving us permission to share the information contained in this application form for the purposes of considering your request for travel assistance. By signing it you are also confirming that to the best of your knowledge the information given on the form is correct and true.	
Form completed by (print name)	
Signature	
Relationship to child/young person	
Date	

Please send the completed form to:

Email: sen@enfield.gov.uk

Post: Travel Assistance Application, Special Educational Needs, Schools and Children's Services, Civic Centre, Silver Street, Enfield EN1 3XQ

For official use only			
Date received:		New application	Review existing
Service / Team reviewing:			
Outcome			